



Please type a plus sign (+) inside this box →

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

ATFS
JFW

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/743,825
Filing Date	January 15, 2002
First Named Inventor	Rodrigo F. CHAQUI et al.
Group Art Unit	1642
Examiner Name	Minh Tam B Davis

Total Number of Pages in This Submission

4

Attorney Docket Number

31978-202420

ENCLOSURES (check all that apply)

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Assignment Papers
(for an Application) | <input type="checkbox"/> After Allowance Communication to Group |
| <input checked="" type="checkbox"/> Fee (charge \$950 to 22-0261) | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Response to Restriction Requirement | <input type="checkbox"/> Licensing-related Papers | <input checked="" type="checkbox"/> Appeal Communication to Group
(Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Extension of Time Request
(2 Mos.) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Other Enclosure(s)
(please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | | |
| <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53 | | |

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm
or
Individual name

Nancy J. Axelrod, Ph.D.
Reg. No. 44,014

45323

PATENT TRADEMARK OFFICE

Signature

Date

July 11, 2005

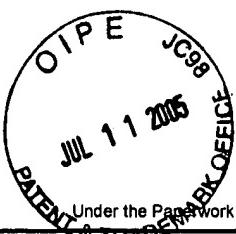
CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450b on this date:

Typed or printed name

Signature

Date

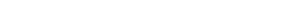


FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

FEE TRANSMITTAL for FY 2005		<i>Complete if Known</i>
Effective 10/01/2004. Patent fees are subject to annual revision.		Application Number 09/743,825
		Filing Date January 15, 2002
		First Named Inventor Rodrigo F. CHAQUI et al.
		Examiner Name Minh Tam B Davis
		Art Unit 1642
		Attorney Docket No. 31978-202420
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		
TOTAL AMOUNT OF PAYMENT		(\$) 950.00

METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued)				
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None	3. ADDITIONAL FEES				
<input checked="" type="checkbox"/> Deposit Account:									
Deposit Account Number	22-0261				Large Entity	Small Entity			
Deposit Account Name	Venable LLP				Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
The Director is authorized to: (check all that apply)									
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input checked="" type="checkbox"/> Credit any overpayments			1051	130	2051	65	Surcharge – late filing fee or oath
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)					1052	50	2052	25	Surcharge – late provisional filing fee or cover sheet.
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.					1053	130	1053	130	Non-English specification
					1812	2,520	1812	2,520	For filing a request for ex parte reexamination
					1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action
					1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action
					1251	110	2251	55	Extension for reply within first month
					1252	430	2252	215	Extension for reply within second month
					1253	980	2253	490	Extension for reply within third month
					1254	1,530	2254	765	Extension for reply within fourth month
					1255	2,080	2255	1,040	Extension for reply within fifth month
					1401	340	2401	170	Notice of Appeal
					1402	340	2402	170	Filing a brief in support of an appeal
					1403	300	2403	150	Request for oral hearing
					1451	1,510	1451	1,510	Petition to institute a public use proceeding
					1452	110	2452	55	Petition to revive – unavoidable
					1453	1,370	2453	685	Petition to revive - unintentional
					1501	1,370	2501	685	Utility issue fee (or reissue)
					1502	490	2502	245	Design issue fee
					1503	660	2503	330	Plant issue fee
					1460	130	1460	130	Petitions to the Commissioner
					1807	50	1807	50	Processing fee under 37 CFR 1.17(q)
					1806	180	1806	180	Submission of Information Disclosure Stmt
					8021	40	8021	40	Recording each patent assignment per property (times number of properties)
					1809	790	2809	395	Filing a submission after final rejection (37 CFR 1.129(a))
					1810	790	2810	395	For each additional invention to be examined (37CFR 1.129(b))
					1801	790	2801	395	Request for Continued Examination (RCE)
					1802	900	1802	900	Request for expedited examination of a design application
Other fee (specify)									
SUBTOTAL (1) (\$)					0.00				
**or number previously paid, if greater; For Reissues, see above					*Reduced by Basic Filing Fee Paid				
					SUBTOTAL (3) (\$)				
					950.00				

SUBMITTED BY		(Complete if applicable)		
Name (Print/Type)	Nancy J. Axelrod, Ph.D.	Registration No. (Attorney/Agent)	44,014	Telephone (202) 344-4000
Signature			Date	July 11, 2005